



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT FISHERS HOSPITAL

City of Hospital: Fishers

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Brad Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 10-5181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67788474
Outpatient Patient Service Revenue	\$177785963
Total Gross Patient Service Revenue	\$245574437

2. Deductions From Revenue

Contractual Allowance	\$157237824
Other Deductions	\$3689208
Total Deductions	\$160927032

3. Total Operating Revenue

Net Patient Service Revenue	\$79515628
Other Operating Revenue	\$1534787
Total Operating Revenue	\$81050415

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4925949	\$500
Medicaid	\$1668925	\$276
Commercial Insurance	\$4649866	\$180
Self-pay	\$373395	\$80
Any Other Category of Payer	\$12692988	\$906
Total	\$24152903	\$1942

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$9504529	\$9978
Medicaid	\$3405693	\$5028
Commercial Insurance	\$2291243	\$1770
Self-pay	\$1212099	\$1824
Any Other Category of Payer	\$38790941	\$16713
Total	\$55362725	\$35313

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$14430478	\$10478
Medicaid	\$5074618	\$5304
Commercial Insurance	\$6941109	\$1950
Self-pay	\$1585494	\$1904
Any Other Category of Payer	\$51483929	\$17619
Total	\$79515628	\$37255

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$14801643	Employee Benefits	\$3073689
Depreciation and Amortization	\$3411984	Interest Expense	\$0
Bad Debt	\$5131777	Other Expenses	\$36436055
Total Operating Expenses	\$62855148		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$23327043	Total Assets	\$72569164
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$23842735
Total Net Gains	\$23327043		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$87587936	\$73157457	\$14430479
Medicaid	\$33497618	\$28423000	\$5074618
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$124488883	\$64478352	\$60010531
Total	\$245574437	\$166058809	\$79515628

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$33769	\$-33769
Hospital Patients	\$0	\$176839	\$-176839
Community Education	\$0	\$90245	\$-90245

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	1656
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$2772129
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$618200	
HCI Payments	\$0		
Subtotal	\$0	\$618200	\$-618200
Medicaid Shortfalls	\$5128360	\$9967347	
Subtotal	\$5128360	\$10585547	\$-5457187
DSH Payments	\$0		
Subtotal	\$5128360	\$10585547	\$-5457187
Medicare Shortfalls	\$14520725	\$19532594	
Other Government Programs	\$0	\$0	
Total	\$19649085	\$30118141	\$-10469056

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$43239	\$-43239
Community Assessment	\$0	\$80775	\$-80775
Provision of Taxes	\$0	\$2497193	\$-2497193
Other Allocations	\$0	\$0	\$0

Comments

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